

Flexible Spending Accounts

What in the world
are you waiting for?

Who is doing this?



Flexible Spending Account (FSA)

Federal statute that allows you to set aside pre-tax dollars to use for certain expenses.

Use your 125 plan to pay for non-reimbursed Medical expenses

- # Copays
- # Glasses (over our benefit)
- # Orthodontic work over \$2700
- # Out of network costs
- # Over the counter meds
(i.e. aspirin, cold meds, etc)
- # Chiropractic services

Other medical

- #Lasik Surgery
 - #Travel and mileage to the doctor or hospital
-

Dependent Care Expenses

- Child care from a licensed provider so you can work
- Elder Care

Up to \$5000 if you file a joint tax return. Up to \$2500 if filing separate.

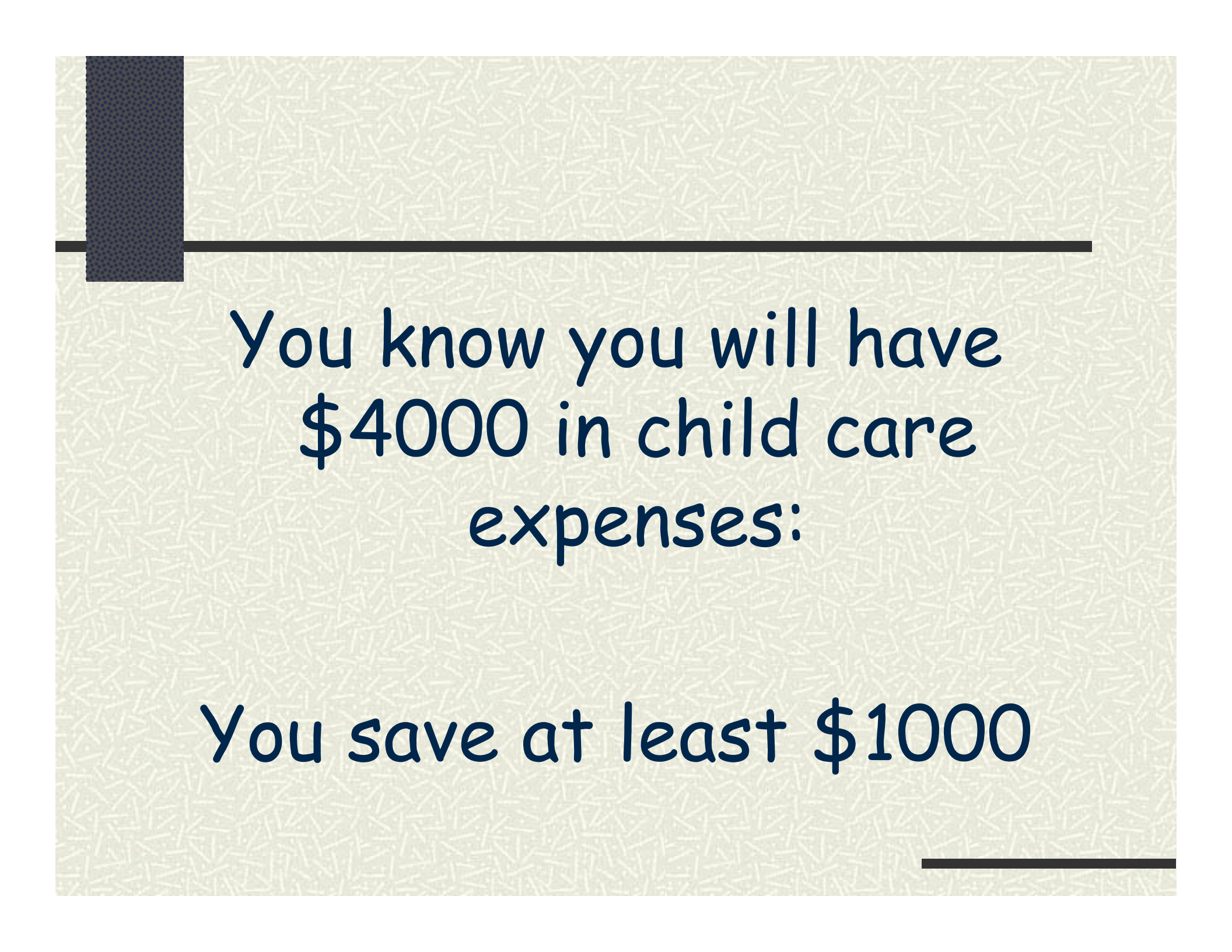
WHY??

- # Save 25% - 40% on expenses you are going to have anyway
 - # The full amount of the FSA is immediately available
-



An FSA of \$1000

You save:
between \$250 and \$400



You know you will have
\$4000 in child care
expenses:

You save at least \$1000

Simple Example (using the lowest fed tax of 25%)

\$2500 paycheck
-\$625 fed tax

Leaves \$1875
take home

A \$200 FSA per
check reduces your
pay to:

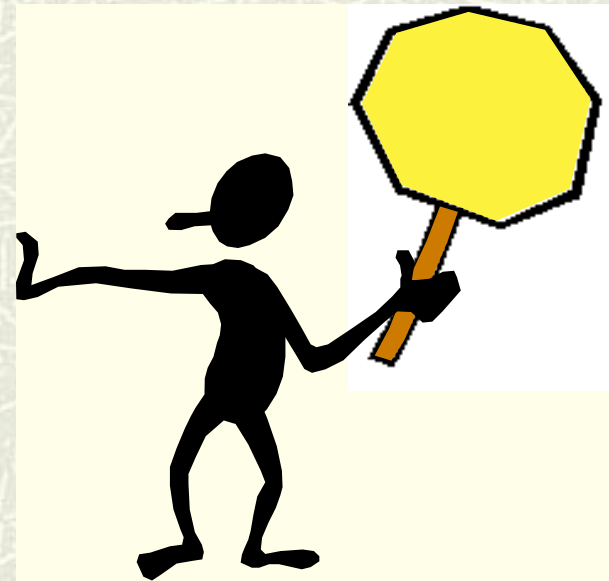
\$2300 adjusted pay
-\$575 fed tax

Take home \$1725

But the \$200 is still
yours!!

CAUTION

If you don't use up the money you have set aside, then you will lose it.



NEW FOR 2011

Over the counter medications will require a doctor's prescription to get reimbursed.

Steps to creating a claim online are easy

MyFlexOnline

[Log Out](#)

[View Account](#)

[Request Payment](#)

[User Info](#)

[Contact Us](#)

[Help](#)




[Create Claim](#)

[Filing Help](#)

[Qualified Expenses](#)

Create Claim

Please enter line detail for the first item and then click **Add An Item**. Your claim items will then be displayed. To add multiple items, continue to enter line detail and click **Add An Item**.

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	Dependent
Select... 				\$	

[ADD AN ITEM](#)

Detailed Instructions

- Step 1: Select a claim type from the drop down list, enter start date of service, end date of service, description of service and amount. Please note: dates of service are the dates the service occurred, not when paid. If this is for dependent care please enter the dependent's name.
- Step 2: Click **Add an Item**.
- Step 3: Enter additional lines by repeating Step 1 and Step 2. Please enter an individual line for each item purchased.
- Step 4: When finished entering items, click **View Form**.

Claim Form

Create Claim

Please enter line detail for the first item and then click **Add An Item**. Your claim items will then be displayed. To add multiple items, continue to enter line detail and click **Add An Item**.

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	Dependent
Select... <ul style="list-style-type: none"> Select... Prescription OTC Drugs Medical Medical Co-Pay Dental Vision DayCare Other Parking Transit Individual Insurance HSA Cash 	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Instructions
 Select a claim type from the drop down list, enter start date of service, end date of service, description of service and amount. Please note: dates of service are the dates the service occurred, not when paid. If this is for dependent care, enter the dependent's name.
Add an Item.
 Add additional lines by repeating Step 1 and Step 2. Please enter an individual line for each item purchased.
 After finished entering items, click **View Form**.

Create Claim

Please enter line detail for the first item and then click **Add An Item**. Your claim items will then be displayed. To add multiple items, continue to enter line detail and click **Add An Item**.

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	Dependent
Dental	10/01/2008			\$	

October 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

[ADD AN ITEM](#)

Detailed Instructions

- Step 1: Select a claim type and amount. Please note that the start date of service, end date of service, description of service and amount entered represents the service occurred, not when paid. If this is for dependent care, please enter the date.
- Step 2: Click **Add an Item**.
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File a Claim

Please review the information below. If the information is correct, click the **Continue** button to print the complete form to fax or mail to your administrator along with your receipts.

Click **Continue** to Print a Claim Form to fax or mail to your administrator.

If you are using a **Pop-Up Blocker**, allow pop-ups for this site, disable the pop-up-blocker, or add this website to your list of "**Trusted Sites**"

Continue ▶

Employer: **Cleveland Heights-University Heights City Schools**

Employee Name: **Ari Klein**

Item	Start mm/dd/yy	End mm/dd/yy	Description	Amount
Dental	10/10/2008	10/10/2008	Orthodontia	\$200.00
Claim Form Total:				\$200.00

Current as of 10/9/2008 6:59:53 PM

When finished online

- # You print out a form that the website creates
 - # Mail or fax it in
 - # Cash in your bank account or a check to your house within days.
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Questions?

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